

K-SADS MANIA RATING SCALE

BIPOLAR DISORDERS

This rating scale is based on the items from the WASH-U-KSADS (Barbara Geller, M.D.) and the 4th Revision of the KSADS-P (Joaquim Puig-Antich, M.D. and Neal Ryan, M.D.). The following items are to determine the presence of mania or hypomania during a period of time prescribed by the rater/study. At the end of the scale, the rater should note the onset and offset of the time period being rated. If any of the items are judged present, inquire in a general way to determine how s/he was behaving at the time with such questions as, "When you were this way, what kind of things were you doing? How did you spend your time?" If there have been manic periods it is exceedingly important that they are clearly delineated. Whenever two or more items are scored positively, it is important to determine if they occurred at the same time.

If the subject has only described dysphoric mood, the following questions regarding the manic syndrome should be introduced with a statement such as, "I know you have been feeling (___), however, many people have other feelings mixed in or at different times too." The most difficult patients to assess are those in whom manic and depressed symptoms simultaneously coexist, superimposed on each other during the same times (Mixed States). The rater should keep this possibility in mind as s/he goes through this section.

1. ELATION, EXPANSIVE MOOD

	P	C	S	
Elevated mood and/or optimistic attitude toward the future which lasted at least 4 hours and was out of proportion to the circumstances. Differentiate from normal mood in chronically depressed subjects. Do not rate positive if mild elation is reported in situations like Christmas gifts, birthdays, amusement parks, which normally overstimulate and make children very excited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all, normal, or depressed
Have (there been times when) you felt very good or too cheerful or high or terrific or great, or just not your normal self? If unclear: When you felt on top of the world or as if there was nothing you couldn't do? ...That this is the best of all possible worlds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: Good spirits, more cheerful than most people in his/her circumstances, but of only possible clinical significance.
Have you felt that everything would work out just the way you wanted? If people saw you, would they think you were just in a good mood or something more than that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Definitely elevated mood and optimistic outlook that is somewhat out of proportion to his/her circumstances.
Did you get as if you were drunk? Did you laugh a lot, get silly? Did you feel super happy? When did this happen? (example)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Mood and outlook are clearly out of proportion to circumstances. Noticeable to others.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Quality of euphoric mood way out of proportion to circumstances.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Clearly elated, almost constantly exalted expression, overexpansive.

Related to a mood d/o

Current and Past No
 Current Past

P C S
Past:

2. IRRITABILITY AND ANGER

	P	C	S	
Subjective feeling of irritability, anger, crankiness, bad temper, short tempered, resentment, or annoyance, externally directed, whether expressed overtly or not. Rate the intensity and duration of such feelings. Do not rate here if irritability is due to depression or disruptive disorders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all, clearly of no clinical significance
Do you get annoyed and irritated or cranky at little things? What kinds of things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight and doubtful clinical significance.
Have you been feeling mad or angry also (even if you don't show it)? How angry? More than before? What kinds of things make you feel angry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Often (at least 3X/3 hrs. ea. week) feels definitely more angry, irritable than called for by the situation, relatively frequent but never very intense. Or often argumentative, quick to express annoyance. No homicidal thoughts.
Do you sometimes feel angry and/or irritable, and/or cranky and don't know why? Does this happen often? Do you lose your temper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Most days irritable/angry or over 50% of awake time. Often shouts, loses temper. Occasional homicidal thoughts.
With your family? Your friends? Who else? At school? What do you do? Has anybody said anything about it? How much of the time do you feel angry, irritable, and/or cranky: All of the time? Lots of the time? Just now and then? None of the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: At least most of the time child is aware of feeling very irritable or quite angry or has frequent homicidal thoughts (no plan) or thoughts of hurting others. Or throws and breaks things around the house.
When you get mad, what do you think about? Do you think about killing others? Or about hurting them or torturing them? Whom: Do you have a plan? How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Most of the time feels extremely angry or irritable, to the point s/he "can't stand it." Or frequent uncontrollable tantrums.

Related to a mood d/o

Current and Past No
 Current Past

P C S
Past:

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YEAR

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3. MOOD LABILITY

Changeability of mood; rapid mood variation with several mood states (angry, elated, depressed, anxious, relaxed) within a brief period of time; appears internally driven without regard to circumstances or not related to anything external to the patient. Could be an exaggerated mood change in regard to minor slights, frustrations or positive events.

	P	C	S	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: Some moodiness or mood variation possibly out of proportion to circumstances, but of doubtful significance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Definite mood changes, internally driven or somewhat out of proportion to circumstances, occurring several times per day. Noticeable by others, but does not cause impairment in function or relationships.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Many mood changes throughout the day, can vary from elevated mood to anger to sadness within couple of hours; changes in mood clearly out of proportion to circumstances and cause impairment in functioning
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Rapid mood swings nearly all of the time, with mood intensity way out of proportion to circumstances
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Constant, explosive variability in mood, several mood changes occurring within minutes, difficult to identify a particular mood, changes in mood radically out of proportion to circumstances.

Related to a mood d/o

Current and Past No

Current Past

Past: P C S

* Pilot item, not in original K-SADS-MRS

4. DECREASED NEED FOR SLEEP

	P	C	S	
Less need for sleep than usual in order to feel rested (average for several days when needed less sleep). (Refer to norms on insomnia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
Have you needed less sleep than usual to feel rested? How much sleep do you ordinarily need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 No change or more sleep needed
How much do you sleep when you are feeling so good? When you wake up do you feel good and rested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Up to 1 hour less than usual
When you cannot fall asleep or when you get up through the night, what types of things do you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Up to 2 hours less than usual
Watch TV? Read? or do you do active things? (e.g., rearrange furniture? Clean house? exercise?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Up to 3 hours less than usual
Do you have a lot of thoughts go through your mind when awake? What kinds of thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Up to 4 hours less than usual
Do you worry? About what types of things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 4 or more hours less than usual
How long are you awake? How often during the night? During the week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Related to a mood d/o

Current and Past No

Current Past

Past: P C S

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5. RACING THOUGHTS

Subjective experience that thinking was markedly accelerated.

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Doubtful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Occasional racing thoughts at least 3 times per week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Racing thoughts at least 50% of awake time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Racing thoughts most of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Almost constant racing thoughts

When you were (___), were there times when your thoughts raced through your mind?
Did you have more ideas than usual or more than you could handle?

Related to a mood d/o	
<input type="checkbox"/> Current and Past	<input type="checkbox"/> No
<input type="checkbox"/> Current	<input type="checkbox"/> Past

	P	C	S
Past:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. UNUSUALLY ENERGETIC

More active than his/her usual level without expected fatigue.

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 No difference than usual or less energetic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slightly more energetic but of questionable significance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Little change in activity level but less fatigued than usual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Somewhat more active than usual with little or no fatigue
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Much more active than usual with little or no fatigue
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Unusually active all day long with little or no fatigue

Have you had more energy than usual to do things?
Did people tell you that you were (are) non-stop?
Did you agree with them? Did it seem like too much energy? Do you know why? Were you doing too many things? Did you feel tired?
When did this happen? (example)

Related to a mood d/o	
<input type="checkbox"/> Current and Past	<input type="checkbox"/> No
<input type="checkbox"/> Current	<input type="checkbox"/> Past

	P	C	S
Past:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. INCREASE IN GOAL-DIRECTED ACTIVITY

As compared with usual level. Consider changes in scholastic, social, sexual, or leisure involvement or activity level associated with work, family, friends, new projects, interests, or activities (e.g., telephone calls, letter writing)

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 No change or decrease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slightly more interest or activity but of questionable significance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild but definite increase in general activity level involving several areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate generalized increase in activity level involving several areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Marked increase and almost constantly involved in numerous activities in many areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme, e.g., constantly active in a variety of activities from awakening until going to sleep

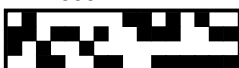
Is there any time when you were more active or involved in things compared to the way you usually are? What about in school, at your club, scouts, church, at home, friends, hobbies, new projects or interests?
Were you doing a lot of things?
How much of your day has been spent in this?
Were you trying to do so many different things that you couldn't keep up?

When did this happen? (example)

Related to a mood d/o	
<input type="checkbox"/> Current and Past	<input type="checkbox"/> No
<input type="checkbox"/> Current	<input type="checkbox"/> Past

	P	C	S
Past:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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8. MOTOR HYPERACTIVITY

Visible manifestations of generalized motor hyperactivity which occurred during a period of abnormally elevated, expansive, or irritable mood. Make certain that the hyperactivity actually occurred and was not merely a subjective feeling of restlessness. Make sure it is not chronic but episodic hyperactivity.

When you were (___), were there times when you were (high, feeling so good, so angry) that you were always moving, could not stay put, were unable to sit still or you always had to be moving, pacing up and down?
Or are you always like that?

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all or retarded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight increases which is of doubtful clinical significance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Unable to sit quietly in a chair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Paces about a great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Marked: Almost constantly moving and pacing about
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: so hyperactive that s/he would exhaust her/himself if not restrained

Related to a mood d/o
 Current and Past No
 Current Past

Past:

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9. GRANDIOSITY

Increased self-esteem and appraisal of his/her worth, power, or knowledge (up to grandiose delusions) as compared with usual level. Persecutory delusions should not be considered evidence of grandiosity unless that subject feels the persecution is due to some special attributes of his/her (e.g., power, knowledge).

Have you felt more self-confident than usual?
 Have you felt much better than others? ...smarter? ...stronger?
 Why?
 Have you felt that you are a particularly important person or that you had special talents or abilities?
 What about special plans?
 When did this happen? (example)

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all or decreased self esteem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: somewhat more confident about himself but of doubtful clinical significance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Definitely overestimates or exaggerates at least two of his talents, prospects or plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Disproportionately inflated self-esteem involving several areas of functioning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Marked, global, overevaluation of her/himself and her/his abilities, but falls short of true delusions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Clear grandiose delusions

Related to a mood d/o
 Current and Past No
 Current Past

Past:

P

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10. ACCELERATED, PRESSURED OR INCREASED AMOUNT OF SPEECH

When you were (___), were there times that you talked very rapidly or talked on and on and couldn't be stopped?
 Did people say you were talking too much?
 Could people understand you?

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all of retarded speech
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight increase which is doubtful clinical significance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Noticeably more verbose than normal but conversation is not strained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: So verbose that conversation is strained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Marked: So rapid that conversation is difficult to maintain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Talks rapidly or continuously and cannot be interrupted. Conversation extremely difficult or impossible

Related to a mood d/o
 Current and Past No
 Current Past

Past:

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11. FLIGHT OF IDEAS (Observed or reported by informant)

Accelerated speech with abrupt changes from topic to topic, usually based on understandable associations, distracting stimuli or play on words. In rating severity consider speed of associations, inability to complete ideas and sustain attention in a goal-directed manner. When severe, complete or partial sentences may be galloping on each other so fast that apparent sentence to sentence derailment and/or sentence incoherence may also be present. An extreme example of this symptom is "You have to be quiet to be sad. Everything having to do with 's' is quiet-on the q.t, -sit, sob, sigh, sin, sorrow, surcease, sought, sand, sweet mother's love and salvation."

Have there been times when people could not understand you?
When they said you did not make sense?
Could you give me an example?

- | P | C | S | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 No information |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Not at all or some other form of |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Slight: Occasional instances, which are of doubtful clinical significance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Mild: Occasional instances of abrupt change in topic with some impairment in understandability. >5% of sentence to sentence transitions are abrupt |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Moderate: Frequent instances with moderate impairment in understandability. >10% |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 Severe: Very frequent instances with definite impairment in understandability. >25% |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 Extreme: Most of speech consists of such rapid changes of topic that is impossible to follow. >50% |

Related to a mood d/o
 Current and Past
 Current Past No

Past:

P
<input type="checkbox"/>

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<input type="checkbox"/>

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<input type="checkbox"/>

12. POOR JUDGEMENT

Excessive involvement in dangerous activities without recognizing the high potential for painful consequences.

When you were (___), did you do anything that caused trouble for you or your family...or friends?

What about anything that could have?

Did you do things you normally wouldn't do (like giving away a whole lot of things or taking a whole lot of chances)?

Did you think of what would happen before you did it?

Was there anything that you did that you now think you could not have done?

- | P | C | S | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 No information |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Not at all |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Slight: Of doubtful clinical significance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Mild: e.g., Calls friends at odd hours |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Moderate: e.g., Purchases many things she/he doesn't need and can't afford or gives money away |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 Severe: e.g., On impulse, goes to places without plans or money and takes too many chances |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 Very Severe: Attempts activities with potentially very dangerous consequences |

Related to a mood d/o
 Current and Past
 Current Past No

Past:

P
<input type="checkbox"/>

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<input type="checkbox"/>

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<input type="checkbox"/>

13. Inappropriate laughing, joking or grinning.

Do you sometimes laugh or act silly? Does this happen for no reason?

Do other people notice? Do you laugh out loud in class?

Are the other students quietly doing their work?

Do you sometimes act or talk like a much younger child?

Do you use babytalk? Do you ever crawl like a baby?

- | P | C | S | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 No information |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Not at all- laughter appropriate to situation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Slight- occasional inappropriate laughter of doubtful significance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Mild- (e.g., child receives verbal reprimands from teacher for laughing in class 3 times in one week) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Moderate to severe- (e.g., child sent to principal's office or given detention 3 times or more in one week) |

Related to a mood d/o
 Current and Past
 Current Past No

Past:

P
<input type="checkbox"/>

C
<input type="checkbox"/>

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<input type="checkbox"/>



14. Uninhibited people seeking, gregariousness.

Do you like meeting new people?

Are you friendly with people you just met?

Do your parents ever complain that you are always bringing new people home? How often does this happen?

Do you find yourself bringing home "friends" that your parents have never seen before? How often does this happen?

Do people comment that you are "the most popular" person at the party?

Do you begin conversations with people you have never met? (e.g., at the mall, do you go up and talk to just anyone)? Are you the type of person who never met a "stranger"?

Are you the "class clown"?

- | P | C | S | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 No information |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Not at all or shy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Doubtful- occasionally more talkative or social |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Mild- definitely present (e.g., parent reprimands child 3 times in one week for talking to strangers) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Moderate to severe- (e.g., child puts self in danger, cannot be left unsupervised for fear that the child will leave with strangers; adolescent brings home new acquaintances once a week). |

Related to a mood d/o

- Current and Past No
 Current Past

Past:

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15. Increased productivity.

Are there times when you start many more projects than you could possibly complete in an hour's time (e.g., go to music lesson, rearrange your bedroom, play two different sports, start and art project)?

Are there times when you feel that you have to produce more than anyone else (e.g., sell 100 times more Girl Scout cookies than anyone else)?

- | P | C | S | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 No information |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Not at all- or decreased |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Doubtful- may start two projects at one time |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Mild- definitely more productive or initiates several projects at the same time |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Moderate to severe- initiates many projects at the same time with unrealistic or unobtainable goals within the time allotted. Won't stop projects to eat or sleep |

Related to a mood d/o

- Current and Past No
 Current Past

Past:

P

C

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16. Sharpened and unusually creative thinking.

Do you like to write stories, do art projects, draw, play music, or write songs?

Do you feel that you are "outstanding" at these activities when you are feeling high?

Are there times when you feel that you are "super" creative?

- | P | C | S | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 No information |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Not at all- average creativity |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Doubtful- occasionally shows more creativity than usual, but of doubtful significance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Mild- definitely present. Spends more time on creative activities (e.g., writing, drawing, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Moderate to severe- able to produce imaginative stories, songs, plays or art work better than individual's usual quality in a short time span |

Related to a mood d/o

- Current and Past No
 Current Past

Past:

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17. Hypersexuality.

Parent of child 6-12:

Are there times when your child makes inappropriate sexual remarks to a teacher or adult? Does your child like to "talk dirty" (e.g., talk about private parts of the body inappropriately)? Do adults complain that your child touches breasts or other private areas? When at the store does your child have to look at "Playboy" magazines? Does your child search out books or magazines with nude or suggestive pictures? Does your child draw naked people?

- | P | C | S | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 No information |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Not at all |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Doubtful- occasional sexual comment or gesture |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Mild- makes inappropriate explicit sexual comments, drawings or gestures one time a week |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Moderate to severe- overt sexual behaviors or language occurs multiple times each week or at inappropriate times. Major episode one time a week, e.g., adolescent sleeps with 3 partners at the same time |

Child 6-12:

What magazines do you like at the store? What types of movies do you like to watch? What kind of pictures do you draw?

Observe child for sexually explicit language or behavior during the interview, e.g., trying to touch the interviewer's body; propositioning the interviewer; talking about seeing sex.

Adolescents:

Are there times when you have to have sex no matter what time of day it is? Are there times when there are not enough sexual partners to meet your needs? Are there times when there are not enough hours in the day to have as much sex as you want and need? Do you talk non-stop about your many sexual conquests? Do you call the sex hotline and run up high phone phone bills?

Related to a mood d/o <input type="checkbox"/> Current and Past <input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> No	P	C	S
	Past: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be sure to distinguish this behavior from provocation to sexual activity in the environment (e.g., see the Sexual Abuse Section of the Psychosocial Schedule for School-Age Children).

18. DISTRACTIBILITY (Observed or reported by informant)

Child presents evidence of difficulty focusing his/her attention on the questions of the interviewer, jumps from one thing to another, cannot keep track of his/her answers, and is drawn by irrelevant stimuli he cannot shut off. Not to be confused with avoidance of uncomfortable themes.

Have you ever been told that you have trouble sticking to what you are supposed to do? did you?
Can you give me an example?
Has a teacher told you that you "always" get distracted?

- | P | C | S | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 No information |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Not at all |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Slight: Of doubtful clinical significance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Mild: Present but responds to structuring and repetition |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Moderate: Difficult to complete interview because of child's inattentiveness which doesn't respond to structure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 Severe: Impossible to complete interview because of child's inattentiveness |

Related to a mood d/o <input type="checkbox"/> Current and Past <input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> No

P	C	S
Past: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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19. HALLUCINATIONS

Sometimes children, when they are alone, hear voices or see things, or smell things and they don't quite know where they come from.	P	C	S	
Has this happened to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information or N/A
Do you ever hear voices when you are alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all - Absent
Have you ever seen things that were not there?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Suspected / Possible
When did you see?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Definitely present but subject is generally aware it is his imagination and usually able to ignore it. Occurs no more than once per week.
What did you see?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Generally believes in the reality of the hallucinations, but it has little influence on his behavior. (Or) Occurs at least once per week.
What did you hear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Convinced his hallucination is real and significantly effects his actions. i.e.: locks door to keep pursuers away. (or) Occurs frequently.
Has there been anything unusual about the way things sounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Actions based on hallucinations have major impact on him or others: Unable to do school work because of constant "conversations." (or) Occurs most of the time.
How often have you heard these voices (noises)? (smell, feeling, visions) Is it some of the time, only now and then, most of the time, or all of the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What do you think it is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you think it is your imagination or real?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you think it was real when you (heard, saw, etc.) it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you think it's real or your imagination now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What did you do when you (heard, saw, etc.) it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Related to a mood d/o

Current and Past

Current Past No

Past: P C S

20. DELUSIONS

Do you know what imaginations is? Tell me.	P	C	S	
Sometimes does your imagination play tricks on you? What kind of tricks? Tell me more about them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
Do you have any ideas about things that you don't tell anyone because they might not understand? What are they?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Definitely not delusional
Do you have any secret thoughts? Tell me about them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Suspected
Do you believe in other things that other people don't believe in? Like what? Is anybody out to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Delusion definitely present but at times subject questions his false belief.
Does anybody control your mind or body (like a robot)? Is anything happening to your body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Generally has conviction in his false belief.
Do you ever feel the world is coming to an end?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Delusion has a significant effect on his actions, e.g., often asks family to forgive his sins, preoccupied with belief that he is a new Messiah.
Do you ever think you are an important or great person? Who?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Actions based on delusions have major impact on him or others, e.g., stops eating because believes food is poisoned.
Are you sure that this (...) is this way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Could there be any other reason for it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Who do you know that it happens as you say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any other possible explanation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you enjoy making up stories like this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Or is it different from making up stories? (you might suggest other possible explanations and see how the subject reacts to them)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you ever think that this was your imagination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you think it could be your imagination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What did you do about...?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Related to a mood d/o

Current and Past

Current Past No

Past: P C S



21. DISORGANIZED THINKING: Take highest score of (a) or (b).

21a. SENTENCE INCOHERENCE

Impaired understandability of speech due to distorted grammar, or incompleteness within the sentence or clause, not in the connections between sentences (derailment). Portions of coherent sentences may be observed within a sentence that is incoherent as a whole. Words may be substituted, or connective words (e.g., and, although, the, a) may be deleted so the meaning is distorted or destroyed.

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all - may be difficult to understand due to unnecessary details, little education, rambling or other nonpathological impediments to clear communication, or simple flight of ideas which is completely understandable.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: Occasional instances which are doubtful clinical significance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Occasional instances of distorted or idiosyncratic speech but little impairment of understandability. (>5%)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Frequent instances with some impairment in understandability. (>10%)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Very frequent instances with definite impairment in understandability. (>25%)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Most of speech is distorted so that it is almost incomprehensible. (>50%)

Related to a mood d/o
 Current and Past
 Current Past No

Past:

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21b. DERAILMENT: LOOSENING OF SENTENCE-SENTENCE ASSOCIATIONS

Repeatedly saying sentences in juxtaposition which lack a readily understandable relationship, or shifting idiosyncratically from one frame of reference to another. Example: "I'm tired. All people have eyes."

There is a vague or disjointed connection of ideas. The slippage is usually slow and steady; the speaker gets further and further off the track so that his reply no longer has any connection to the question asked.

Distinguish from flight of ideas in the context of accelerated speech with abrupt changes of topic based on understandable associations.

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 No information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all - may be difficult to understand due to unnecessary details, little education, rambling or other nonpathological impediments to clear communication or simple flight of ideas which is completely understandable.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: Occasional instances which are doubtful clinical significance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Occasional instances of distorted or idiosyncratic speech but little impairment in understandability (>5%)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Frequent instances with some impairment in understandability. (>10%)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Very frequent instances with definite impairment in understandability. (>25%)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Most of speech is distorted so that it is almost incomprehensible. (>50%)

Related to a mood d/o
 Current and Past
 Current Past No

Past:

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Current time period rated:

Onset: / / Offset: / /

Number of days during rating period with = 4 hours of manic symptoms: days

Percentage of rated time period that subject had manic symptoms: %

Most severe past time period rated:

Onset: / / Offset: / /

Number of days during rating period with = 4 hours of manic symptoms: days

Percentage of rated time period that subject had manic symptoms: %

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